

Reason Codes for Form 28; Ver 1.0
CC staff use only

In the “Office Use Only” box for Question 3, write in the appropriate code for each reason the participant gives for thinking she was assigned to a specific treatment group .

Experienced Worsening Symptoms

- | | |
|-----------------|-------------------|
| 1 Bloating | 6 Kidney Stones |
| 2 Gas | 7 Hypercalcemia |
| 3 Stomach upset | 18 Other symptoms |
| 4 Heartburn | |
| 5 Constipation | |

Experienced Improvement in (or Absence of) Symptoms

- | | |
|------------------|-------------------|
| 21 Bloating | 26 Kidney Stones |
| 22 Gas | 27 Hypercalcemia |
| 23 Stomach upset | 37 No symptoms |
| 24 Heartburn | 38 Other symptoms |
| 25 Constipation | |

Other

- | | |
|--|---------------------------------------|
| 41 Told by family member or friend | 45 Pill appearance, taste, or smell |
| 42 Told by personal health care provider | 46 Diagnosed with a medical condition |
| 43 Told by WHI staff | 88 Other |
| 44 Read it on a report | 99 Don't know |